



We Protect Hoosiers and Our Environment
Environmental Management



IDEM Electronic Reporting for EPCRA (SARA Title III)

Using the Regulatory Services Portal (RSP)

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Data Services Section



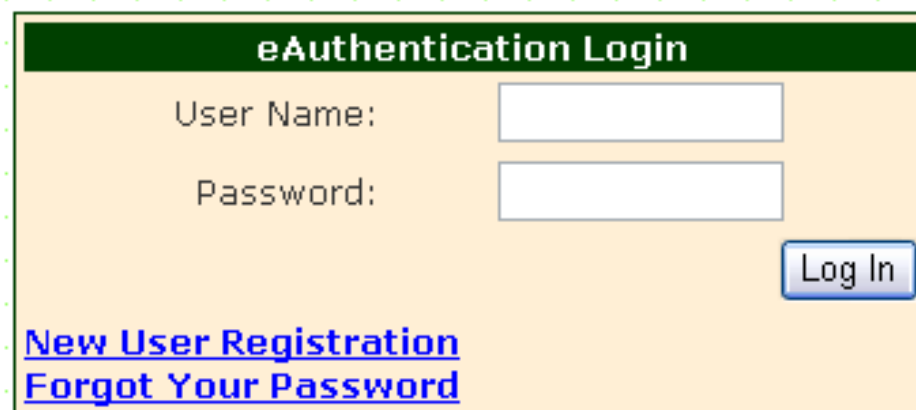
Yearly Progress

Year	Changes	E-Reports Received
2009	First year, brand new, no authenticity checks	800
2010	Implemented IESA for legal purposes	1,350
2011	Mandatory use of RSP	4,483
2012	No major changes, just minor maintenance	TBD

Important information for users of the Regulatory Services Portal (RSP)

First Time RSP Users: If you are submitting any electronic documents that require an electronic signature, you will need to register by clicking [New User Registration](#).

Existing RSP Users: If you have submitted data via the Regulatory Services Portal prior to December 31, 2009, **and** you **did not** submit during calendar year 2010, you must re-register by clicking [New User Registration](#).



The screenshot shows a web form titled "eAuthentication Login" with a dark green header. The form has a light tan background. It contains two input fields: "User Name:" and "Password:". To the right of the "Password:" field is a blue "Log In" button. Below the input fields are two blue underlined links: "New User Registration" and "Forgot Your Password".

ALERTS

6/03/2011 IDEM is aware of an issue with submissions regarding certifications. This issue is being addressed. We apologize for this inconvenience.

Additional Information: The Indiana Department of Environmental Management's Regulatory Services Portal (RSP) has been modified to be Cross-Media Electronic Reporting Regulation (CROMERR) Compliant as mandated by the Environmental Protection Agency (EPA). For more information about CROMERR visit <http://epa.gov/cromerr/about.html>

Forgotten Passwords

Documents and Forms

Non-Registered Services

Registered Services

Version: 1.0

You are currently not logged in.

[Help](#) | [Login](#)

FORGOT PASSWORD

1 - Enter User ID

2 - Confirmation

Forgotten Password? (If you have forgotten your password, provide your User ID and the Indiana Department of Environmental Management will e-mail a new User Password).

User ID:

If you do not have a User ID and Password with the Indiana Department of Environmental Management, you may register with the IDEM by creating a User Profile.

Submit

Cancel

Forgotten Usernames

Contact IDEM E-Services

My Workspace

My Workspace

Messages

User Profile

Certifications

Documents and Forms

Version: 1.0

Currently logged in: Courtney Bonney (CBONNEY)

[Help](#) | [Logout](#)

MY WORKSPACE

Service Selection



Note: Access to this electronic service selection and submittal area is granted by selecting facilities using the [user profile](#). Some services are accessible without selecting facilities as shown below.

CRTK (SARA Title III)

[CRTK - Extremely Hazardous Substance Form 302](#)

[CRTK - Material Safety Data Sheet Form 311](#)

[Tier II Form 312](#)



Configure Services

My Facilities



My Services - In Progress



My Services - Submitted



Configure Workspace

Facility Selection

[My Workspace](#)[Messages](#)[User Profile](#)[Certifications](#)[Documents and Forms](#)

Version: 1.0




Currently logged in: Courtney Bonney (CBONNEY)

[Help](#) | [Logout](#)

FACILITY SELECTION

Please select the facility from the list below by clicking 'Access Facility'.

If the facility does not appear, you may not have permission to access the facility. If you do not have access, please return to 'My Workspace'.

Facility	Facility ID	Municipality	Access Facility
THIS IS TEST DATA INCORPORATED	100139	Indianapolis	
Test Handler	49231	Indianapolis	
Test INX Handler	7468	Clarksville	
Clicking a column title will sort the table by that column.			

1 - Select Facility

2 - First Time Filer

3 - Additional Facility
Information

4 - Reporting Year

5 - Contacts

6 - Annual Chemical
Inventory Information

7 - Attachment Upload

8 - Fee Information

9 - Electronic Signature

10 - Confirmation

First-time Filer Status

My Workspace

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Version: 1.0
Currently logged in: Courtney Bonney (CBONNEY)

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Test INX Handler

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FIRST TIME FILER

1 - Select Facility

2 - First Time Filer

3 - Additional Facility Information

4 - Reporting Year

5 - Contacts

6 - Annual Chemical Inventory Information

7 - Attachment Upload

8 - Fee Information

9 - Electronic Signature

10 - Confirmation

If the facility is a first-time filer select "Yes".

First-time filers are required to attach a site plan to the submittal.

***Is your facility a first time filer?:**

**Required*

Continue

If this is the first time a facility has EVER submitted the report, then a site plan must be attached to the report in step 7.

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Test INX Handler

[Help](#) | [Logout](#)

ADDITIONAL FACILITY INFORMATION

1 - Select Facility

2 - First Time Filer

3 - Additional Facility Information

4 - Reporting Year

5 - Contacts

6 - Annual Chemical Inventory Information

7 - Attachment Upload

8 - Fee Information

9 - Electronic Signature

10 - Confirmation

Required information is marked with an asterisk (*).

A phone number is required and should be entered without dashes or other characters (example: 3175551212).

An email address is requested, but not required.

Facility type is also required.

Latitude and Longitude should be entered in Decimal Degrees (example: 39.769080, -86.163398) or Degrees Minutes Seconds format (example: 39 46 8.688, -86 9 48.2328).

***Facility Phone:**

5555555555

Facility Email:**SIC Code:****NAICS Code:****Dun & Bradstreet #:*****Facility Type:**

Private

Number of Employees:

FACILITY LOCATION

***Latitude:**

39.768586

***Longitude:**

-86.163552

***Method:**

Address Matching-Other

***Reference Point:**

Facility Building Entrance or Street Address

**Required*GPS
data

Continue

Reporting Year

[My Workspace](#)[Messages](#)[User Profile](#)[Certifications](#)[Documents and Forms](#)

Version: 1.0

Currently logged in: Courtney Bonney (CBONNEY)

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Test INX Handler

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REPORTING YEAR

Enter the reporting year as YYYY (example: 2008).

***Reporting Year:**

**Required*

[Continue](#)

1 - Select Facility

2 - First Time Filer

3 - Additional Facility
Information

4 - Reporting Year

5 - Contacts

6 - Annual Chemical
Inventory Information

7 - Attachment Upload

8 - Fee Information

9 - Electronic Signature

10 - Confirmation

Required Contacts

[My Workspace](#)[Messages](#)[User Profile](#)[Certifications](#)[Documents and Forms](#)

Version: 1.0

Currently logged in: Courtney Bonney (CBONNEY)

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Test INX Handler

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Contacts

1 - Select Facility

2 - First Time Filer

3 - Additional Facility
Information

4 - Reporting Year

5 - Contacts

6 - Annual Chemical
Inventory Information

7 - Attachment Upload

8 - Fee Information

9 - Electronic Signature

10 - Confirmation

You may update contact information or enter new contacts for all contact types. Please select a contact type from the display bar at the top of the screen or utilize the 'Previous' and 'Next' button at the bottom of the screen.

Enter information for the contact type selected, including all required items. Enter the information directly into each field. If this is an individual that is a new associate you may also click on 'Save to My Favorite Contacts' which will enable you to recall the contact information for future submittals.

If you have identified and saved the contact information for individuals from a previous submittal, you may select from the 'Insert from Existing Contact(s)' drop down list to populate the contact type. If an individual has multiple roles for this service, you may select from the drop down list associated with the 'Add Contact' button. If an individual has multiple roles, it is required that the contact information for that individual is an exact match for each type of contact.


Additional information and definitions of contacts may be obtained by clicking on the 'Help' link in the top right hand corner of your screen.

NOTE: If you do not find your City name after selecting County name, re-select 'Not Determined' for County and then you will be able to find and select your City name.

Upon entering all required contacts, click 'Save' or 'Continue'.

 **1.**
Owner

 **2. Local Fire
Department**

 **3. Emergency
Contact #1**

 **4. Local Emergency Planning
Committee**

**5. Emergency
Contact #2**

- ✓ 1. Owner
- ✓ 2. Local Fire Department
- ✓ 3. Emergency Contact #1
- ✓ 4. Local Emergency Planning Committee
5. Emergency Contact #2

1. Owner

Note: Selecting an option below will replace all information for this contact.

☐ Save to My Favorite Contacts

Insert From Existing Contact(s)... ▼

First Name:

Middle Initial:

Last Name:

Title: ▼

E-Mail Address:

Confirm E-Mail:

*Organization Name:

*Organization Type: ▼

*Address Line 1:

Address Line 2:

Address Line 3:

*County: ▼

*City: ▼

*State: ▼

*ZIP Code:

* At least 1 phone number is required.

*Type	*Contact Number (must be 10 digits)	Extension	Comments	Remove
<input type="text"/> ▼	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Add Number

* Required

Note: Please enter contact information on ALL required tabs before clicking Continue.

Available Contact Types... ▼

Add Contact

<< Previous

Next >>

Save

Continue

Chemical Inventory

[My Workspace](#)[Messages](#)[User Profile](#)[Certifications](#)[Documents and Forms](#)

Version: 1.0

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Test INX Handler

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ANNUAL CHEMICAL INVENTORY INFORMATION

Summary of the chemical inventory most recently submitted to IDEM.

To enter information for a chemical, click on the 'Edit' icon to the right of the chemical.

To remove a chemical, click on the 'Remove' icon to the right of the chemical.

To add a chemical click on the 'Add Chemical' button.

Missing Detail Information	CAS #	Chemical Name	Also Known As	New Chemical Name	Edit	Remove
	7439921	Lead				
	7664939	Sulfuric Acid				

[Add Chemical](#)

Comment:

[Continue](#)

1 - Select Facility

2 - First Time Filer

3 - Additional Facility Information

4 - Reporting Year

5 - Contacts

6 - Annual Chemical Inventory Information

7 - Attachment Upload

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10 - Confirmation

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Test INX Handler

[Help](#) | [Logout](#)**EDIT CHEMICAL INVENTORY AND STORAGE INFORMATION**

1 - Select Facility

2 - First Time Filer

3 - Additional Facility
Information

4 - Reporting Year

5 - Contacts

6 - Annual Chemical
Inventory Information7 - Edit Chemical
Inventory and
Storage Information

8 - Attachment Upload

9 - Fee Information

10 - Electronic Signature

11 - Confirmation

Enter the CAS# for the chemical without dashes (example: 71432) and press the Tab key.

If the chemical does not have a CAS# or entering the CAS# does not find a chemical, enter the chemical name and CAS# in the 'New Chemical Name' field (example: Chemical#1 CAS#100501).

- To add additional chemicals, click on the 'Add Row' button.

- To remove chemicals, click on the 'Remove' button to the right of the chemical.

The top row cannot be removed, to change it, enter a different chemical CAS#.

Multi-select Options

To enter more than one value for 'Select All That Apply' and 'Physical and Health Hazards', click on a value then hold down the 'Ctrl' key and select the other values.

To select all, click on the top value, hold down the 'Shift' key, scroll to the bottom of the list and select the bottom value.).

Storage Information

One location is required for each chemical reported.

Click on the 'Add Row' button to add additional locations for each chemical.

Click on the 'Remove' button to the right of a location to remove the location. Removing the location will not affect the chemical inventory.

Click on 'Save' to save the information if you need to exit the session or go back to Annual Chemical Inventory Information.

INVENTORY INFORMATION

CAS#:

7664939

Chemical Name:

Sulfuric Acid

Also Known As:

New Chemical Name:

Trade Secret:

☐

* Select All That Apply:

Pure

Mix

Solid

Liquid

EHS Name:

Sulfuric Acid

EHS CAS#:

7664939

* Physical and Health Hazards:

Fire

Sudden Release of Pressu

Reactivity

Immediate (acute)

* Max. Daily Amount Range:

0-99

Max. Daily Quantity (lbs):

* Avg. Daily Amount Range:

0-99

Avg. Daily Quantity:

* # of Days On-site:

100

STORAGE INFORMATION

Confidential	*Container Type	*Pressure	*Temperature	*Location	Remove
<input type="checkbox"/>	R - Other	1 - Ambient Pressure	4 - Ambient Temperature	forklift battery	

Add Storage Location

*Required

Save

Attachments

[My Workspace](#)[Messages](#)[User Profile](#)[Certifications](#)[Documents and Forms](#)

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Currently logged in: Courtney Bonney (CBONNEY)

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Test INX Handler

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ATTACHMENT UPLOAD

1 - Select Facility

2 - First Time Filer

3 - Additional Facility
Information

4 - Reporting Year

5 - Contacts

6 - Annual Chemical
Inventory Information

7 - Attachment Upload

8 - Fee Information

9 - Electronic Signature

10 - Confirmation

You may upload additional documents in .bmp, .jpg, or .pdf format.

1. Click on the 'Browse' button to the right of the type of document you are uploading.

2. Locate and select the document you wish to upload.

3. The filename of the document will appear in the 'Upload File Name' column.

You may then add additional documents.

Note: Once a document is uploaded, it cannot be removed. If you mistakenly uploaded the wrong document, use the drop-down box to upload the correct copy of the file.

Site plans are required for first-time filers.

Required	Attachment Type	Attachment Description	Upload File Name
	Site Plan	Site Plan	<input type="text"/> <input data-bbox="1721 982 1856 1015" type="button" value="Browse..."/>
	Site Coordinate Abbreviations	Site Coordinate Abbreviations	<input type="text"/> <input data-bbox="1721 1025 1856 1058" type="button" value="Browse..."/>
	Description of Dikes and Other Safeguards	Description of Dikes and Other Safeguards	<input type="text"/> <input data-bbox="1721 1068 1856 1100" type="button" value="Browse..."/>
	<input type="text"/> <input data-bbox="967 1110 987 1139" type="button" value="v"/>		<input type="text"/> <input data-bbox="1721 1110 1856 1143" type="button" value="Browse..."/>

[Continue](#)

Fee Determination

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Version: 1.0

Currently logged in: Courtney Bonney (CBONNEY)

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Test INX Handler

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FEE INFORMATION

[1 - Select Facility](#)[2 - First Time Filer](#)[3 - Additional Facility Information](#)[4 - Reporting Year](#)[5 - Contacts](#)[6 - Annual Chemical Inventory Information](#)[7 - Attachment Upload](#)[8 - Fee Information](#)[9 - Electronic Signature](#)[10 - Confirmation](#)

Fee Category	Largest Amount of any One Chemical Stored	Fee Amount
A	Greater than or = to 1,000,000 pounds	\$200
B	Less than 1,000,000 pounds	\$100
C	Greater than or = 10,000 gallons (100,000 pounds) AND all chemicals are stored underground All federal, state, and local units of government. OR	\$50
Exempt	Retail gas stations that store less than 75,000 gallons of gasoline or 100,000 gallons of diesel fuel in storage tanks entirely underground (no above- or in-ground tanks) that do not store any other chemicals above the thresholds listed above.	\$0

*Are all chemicals stored underground?

*Is your facility a retail gas station?

*Is the maximum daily amount less than 75,000 gallons for gasoline and less than 100,000 gallons for diesel?

* Required

[Continue](#)

The Blue Ribbon

[My Workspace](#)[Messages](#)[User Profile](#)[Certifications](#)[Documents and Forms](#)

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Currently logged in: Courtney Bonney (CBONNEY)



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Test INX Handler

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ELECTRONIC SIGNATURE- SINGLE APPLICATION SUMMARY

22283 - CRTK - Tier II Form 312

Required	Name	Certifier Type	Certifier Status	Notification Status	Electronic Signature	Certify via Paper	Remove Certifier
		Signatory (Delegated Authority)	Not Certified	No notifications sent.			
Clicking a column title will sort the table by that column.							

[Continue](#)[Send Notifications](#)

User must click here
to begin the certification
and electronic signature
process

[1 - Select Facility](#)[2 - First Time Filer](#)[3 - Additional Facility Information](#)[4 - Reporting Year](#)[5 - Contacts](#)[6 - Annual Chemical Inventory Information](#)[7 - Attachment Upload](#)[8 - Fee Information](#)[9 - Electronic Signature](#)[10 - Confirmation](#)

Version: 1.0

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Test INX Handler

[Help](#) | [Logout](#)

1 - Select Facility

2 - First Time Filer

3 - Additional Facility
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4 - Reporting Year

5 - Contacts

6 - Annual Chemical
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7 - Attachment Upload

8 - Fee Information

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10 - Confirmation

ELECTRONIC SIGNATURE- SINGLE APPLICATION - SIGNATORY (DELEGATED AUTHORITY)

The application can now be completed through online certification. Review the application information for the facility. If there is information that is inaccurate or incorrect, you may modify this information by selecting the appropriate item from the menu on the left hand side of the screen. If you choose to make any modifications, you will be required to repeat subsequent steps in order to return to this screen.

To view and/or print the application, click on 'Printer Friendly Version'.

To certify the application, click 'Certify'. If you click 'Cancel', you will be returned to the previous screen.

[Printer Friendly Version](#)

Prior to printing please change your printer preferences from portrait to landscape.

SUBMITTAL DISPLAY**TIER II FORM 312**

Facility Name: Test INX Handler

FACILITY ADDRESS**Physical Address:**

100 N Senate Ave
Clarksville, IN 46204

REPORTING YEAR

Reporting Year: 2011

FIRST TIME FILER

Is your facility a first time filer? No

FEE INFORMATION

Are all chemicals stored underground?:

No

Is your facility a retail station?:

No

Instructions:

You must submit a check for '\$100' to the Indiana Department of Revenue:

1. Print out a completed copy of this page,
2. Print out the completed Tier II report for this submittal (the form can be printed after the electronic signature step of this submittal process is completed),
3. Attach the printed documents to completed HC-500 and HC-500 Schedule B forms (<http://www.in.gov/dor/3512.htm>), and mail the documents with the proper payment to:

Indiana Department of Revenue
Special Tax Section, HC-500
PO Box 6080
Indianapolis, IN 46206-6080

If you have any questions regarding the fees or the completion of Form HC-500, please contact the Indiana Department of Revenue by calling (317) 615-2544. Correspondence should be addressed to the Indiana Department of Revenue, Attn: Excise Tax Section: Environmental, HC-500, PO Box 6080 Indianapolis, IN 46206-6080.

ATTACHMENT UPLOAD

Required	Attachment Type	Attachment Description	Upload File Name
	Site Plan	Site Plan	
	Site Coordinate Abbreviations	Site Coordinate Abbreviations	
	Description of Dikes and Other Safeguards	Description of Dikes and Other Safeguards	

ELECTRONIC SIGNATURE INFO

Electronic Signature of the Signatory (Delegated Authority)

"I certify under penalty of law that I believe the information provided in this document is true, accurate, and complete. I am aware that there are significant civil and criminal penalties, including the possibility of fine or imprisonment or both, for submitting false, inaccurate or incomplete information."

Name of Certifying Party: Courtney Bonney

Date: 07-26-11

Certify

Cancel

Version: 1.0

7468

Currently logged in: Courtney Bonney (CBONNEY)

Test INX Handler

[Help](#) | [Logout](#)

1 - Select Facility

ELECTRONIC SIGNATURE- SINGLE APPLICATION - SIGNATORY (DELEGATED AUTHORITY)

eSignature

[close](#)

eSignature is loading. Please wait...



FACILITY ADDRESS

Physical Address:

100 N Senate Ave
Clarksville, IN 46204

REPORTING YEAR

Reporting Year:

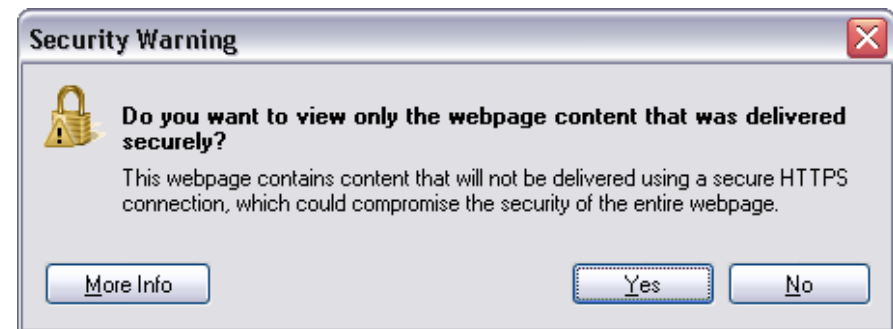
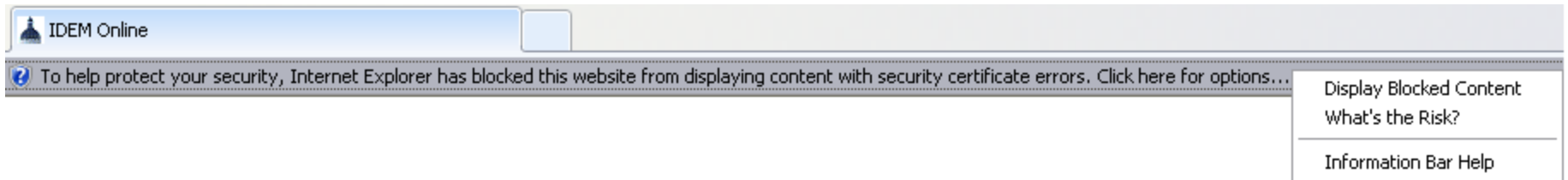
2011

FIRST TIME FILER

Is your facility a first time filer?

No

Common Security Messages



My Workspace

Messages

User Profile

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Version: 1.0

Currently logged in: Courtney Bonney (CBONNEY)

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Test INX Handler

Help | Logout

1 - Select Facility

2 - Facility Name

3 - Agency Name

4 - Reason for filing

5 - Contact Name

6 - Agency Address

7 - Agency Phone

8 - Facility Address

9 - E-mail Address

10 - Comments

ELECTRONIC SIGNATURE- SINGLE APPLICATION - SIGNATORY (DELEGATED AUTHORITY)

eSignature

[close](#)

1. IDEM eSignature Login

User:

Password:

Login

FACILITY ADDRESS

Physical Address:

100 N Senate Ave
Clarksville, IN 46204

REPORTING YEAR

Reporting Year:

2011

FIRST TIME FILER

Is your facility a first time filer?

No

Version: 1.0

Currently logged in: Courtney Bonney (CBONNEY)

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Test INX Handler

[Help](#) | [Logout](#)

1 - Select Facility

2 - Facility Information

3 - Add Facility

4 - Remove Facility

5 - Change Facility

6 - Add Facility

7 - Add Facility

8 - Facility Information

9 - Facility Information

10 - Facility Information

ELECTRONIC SIGNATURE- SINGLE APPLICATION - SIGNATORY (DELEGATED AUTHORITY)

eSignature

[close](#)

1. IDEM eSignature Login

User:

Password:

Welcome Courtney Bonney

2. Answer Secret Question

Question:

As a child, what was your best friend's name?

Answer:

Correct Answer

3. Sign Web Form

FACILITY ADDRESS

Physical Address:

100 N Senate Ave
Clarksville, IN 46204

REPORTING YEAR

Reporting Year:

2011

FIRST TIME FILER

Is your facility a first time filer?

No

Electronic Signature Confirmed

[My Workspace](#)[Messages](#)[User Profile](#)[Certifications](#)[Documents and Forms](#)

Version: 1.0

7468

Currently logged in: Courtney Bonney (CBONNEY)

Test INX Handler

[Help](#) | [Logout](#)

CONFIRMATION OF ELECTRONIC SIGNATURE

1 - Select Facility

2 - First Time Filer

3 - Additional Facility
Information

4 - Reporting Year

5 - Contacts

6 - Annual Chemical
Inventory Information

7 - Attachment Upload

8 - Fee Information

9 - Electronic Signature

10 - Confirmation

Your electronic signature has been confirmed, to proceed click 'Submit'.

You may still modify the application; this can be achieved by selecting the appropriate item from the menu on the left hand side of the screen. If you choose to make any modifications, you will be required to repeat subsequent steps, including certification in order to return to this screen.

Electronic Signature of the Signatory (Delegated Authority) has been confirmed!

Name of Certifying Party: Courtney Bonney

Date: 07-26-11

Submit

Last chance to make changes before
submission is finalized.

Submission Confirmed

[My Workspace](#)[Messages](#)[User Profile](#)[Certifications](#)[Documents and Forms](#)

Version: 1.0

Currently logged in: Courtney Bonney (CBONNEY)

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Test INX Handler

[Help](#) | [Logout](#)

SUBMISSION CONFIRMATION

[Printer Friendly Version](#)

1 - Select Facility

2 - First Time Filer

3 - Additional Facility
Information

4 - Reporting Year

5 - Contacts

6 - Annual Chemical
Inventory Information

7 - Attachment Upload

8 - Fee Information

9 - Electronic Signature


10 - Confirmation

The following was successfully submitted:

Submittal:

22283: CRTK - Tier II Form 312

The requested service completed successfully.

ID	Application Name	Created Date	View
22283	CRTK - Tier II Form 312	07/26/2011	
Clicking a column title will sort the table by that column.			

[Continue](#)

PDF copy of completed report is now emailed to user

Back to My Workspace

[My Workspace](#)[Messages](#)[User Profile](#)[Certifications](#)[Documents and Forms](#)

Version: 1.0

Currently logged in: Courtney Bonney (CBONNEY)

[Help](#) | [Logout](#)

MY WORKSPACE

Service Selection



Note: Access to this electronic service selection and submittal area is granted by selecting facilities using the [user profile](#). Some services are accessible without selecting facilities as shown below.

CRTK (SARA Title III)

[CRTK - Extremely Hazardous Substance Form 302](#)

[CRTK - Material Safety Data Sheet Form 311](#)

[Tier II Form 312](#)

[Configure Services](#)

My Facilities



My Services - In Progress



My Services - Submitted



[Configure Workspace](#)

IDEM



We Protect Hoosiers and Our Environment

Environmental Management



Questions?



Helpful Contacts and Links for Online EPCRA Reporting

Barbara Humphrey – bhumphre@idem.IN.gov – (317)233-0066

Nicholas Staller – nstaller@idem.IN.gov – (317)234-3478

eServices – eservices@idem.IN.gov

Community Right to Know (CRTK) Homepage: www.idem.IN.gov/5285.htm

FAQ & Troubleshooting: www.idem.IN.gov/6656.htm

Account Setup Tutorial Video: www.idem.IN.gov/files/iesa/iesa_final.htm

Account Setup Instructions: www.idem.IN.gov/6516.htm

RSP Login Page: <https://eauth.idem.in.gov/eAuth/eauthlogin.aspx?AAID=9002>